

**UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF VIRGINIA**

**CASE MANAGEMENT/ELECTRONIC CASE FILING (CM/ECF) SYSTEM**  
**FULL PARTICIPANT REGISTRATION FORM**

**Live System**

This form is to be used to register for FULL FILING PRIVILEGES for filing documents in the CM/ECF system, in the U S Bankruptcy Court for the Western District of Virginia. A registered participant will have the privilege to file documents via the Internet with the Clerk's Office.

The following information is required for CM/ECF registration:

Full Name: \_\_\_\_\_

Bar ID #: \_\_\_\_\_

State of Admission: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Voice Phone No. (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

By signing and submitting this registration form, I agree to abide by the following requirements:

1. Pursuant to Federal Rule of Bankruptcy Procedure 9011 and LBR 5005-1, every pleading, motion and other paper shall be signed by the attorney of record and the signature shall be indicated by /s/ and the typed name of the person signing in the following format: /s/ John Doe on the signature line. The use of my password constitutes my signature for all purposes under the Federal Rules of Bankruptcy Procedure and the Local Rules of this Court.
2. The login and password for electronic case filing shall be used exclusively by me and by any person to whom I give authorization and for whose actions in the

use thereof I acknowledge responsibility. I will not knowingly permit my login and password to be used by anyone who is not so authorized .

3. I will contact the Clerk of Court to report any suspected compromise of my password.
4. I consent to receive service of documents and any docket activity electronically pursuant to FRBP 9036, where service of documents is otherwise permitted by first class mail, except with regard to a complaint initiating an adversary proceeding or a motion initiating a contested matter which must be served pursuant to FRBP 7004. In so doing, I agree to maintain a current and active e-mail address to receive notification in CM/ECF cases .
5. I will abide by all of the requirements of the Administrative Procedures of the Court which are currently in effect as well as any changes or additions that may be made later.

\_\_\_\_\_  
Applicant's Name (*please print*)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last 4 Digits of SS #

\_\_\_\_\_  
Date

U. S. Bankruptcy Court/WDVA

By: \_\_\_\_\_

Deputy Clerk

***Mail completed form to:  
Clerk, U. S. Bankruptcy Court  
P O Box 2390  
Roanoke, VA 24010***

